

# INSPECTION REPORT for SMALL FOOD WASTE COMPOSTING FACILITY

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Permit Number: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Nature of Inspection: Routine  Re-Inspection  Requested  Complaint

Enforcement Actions: Yes  No

Inspector: \_\_\_\_\_

Facility representative: \_\_\_\_\_

## **Composting Areas:**

[Yes/No/NA]

1. Were strong odors detected at the property line?
2. The composting area is clean and appears to be properly managed?
3. Leachate from the composting area is properly managed?
4. Composting Method (✓):
  - a.  Windrows
  - b.  Aerated piles
  - c.  Enclosed vessel
  - d.  Other

6. If compost method is via windrows:
- a. \_\_\_ windrows are maintained under aerobic conditions?
  - b. \_\_\_ # of times the windrows are turned during a two week period?
  - c. \_\_\_ keeps temperature records of windrows during composting?

**Operating Requirements:**

[Yes/No/NA]

- 1. The facility maintains a copy of its Permit and any modifications?
- 2. Legible signs are posted at the facility's entrance?
- 3. The entrance sign contains the following information(√):
  - a. \_\_\_ Facility name      b. \_\_\_ Permit #      c. \_\_\_ Permittee Name
  - d. \_\_\_ Address            e. \_\_\_ Phone #      f. \_\_\_ Hours of Operation
  - g. \_\_\_ Authorized waste   h. \_\_\_ Prohibited Wastes
- 4. Access to the facility appears to be controlled?
- 5. Traffic flow through the facility appears orderly?
- 6. The on-site roads are in good condition & capable of withstanding heavy loads?
- 7. The general public has access to the facility?
- 8. Copies of its operating & closure plans are maintained at the facility?
- 9. Bypass wastes are properly managed?

10. The facility maintains appropriate fire fighting equipment?
11. Is the facility operating within its permitted capacity?
13. The permittee accepts only wastes it is permitted to receive?
14. The facility maintains the proper ratio of certified supervisors to certified operators.
15. Operator Certifications are prominently posted?
16. Have there been any reportable incidents at the facility in the past year?
17. The permittee maintains proper records?
18. Facility activities have impacted surrounding properties?
19. List any bypass wastes (✓):
  - a. \_\_\_ Batteries
  - b. \_\_\_ Scrap Metal
  - c. \_\_\_ Plastic
  - d. \_\_\_ Glass
  - e. \_\_\_ Others [describe \_\_\_\_\_]
20. Permittee maintains records at the facility on the following tonnages: food received at the facility; solid waste removed; and finished compost.

Food \_\_\_\_\_ Solid Waste \_\_\_\_\_ Finished Compost \_\_\_\_\_

**Off-Site Concerns:**

1. Odors
2. Litter

**Recommendations/Comments:**

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